2012:48.T 259023

BEFORE

THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

DOCKET NOS. 2015-303-T & 2015-306-T

IN RE: Petition of the ORS to Revoke Certificate of Public Convenience & Necessity of:

JAMES JONES DBA CHARLESTON CAB COMPANY

PETITION FOR ENLARGEMENT OF TIME

- Petitioner is a retired attorney and the sole proprietor owner of James Jones dba Charleston Cab Company.
- 2. On August 21, 2015 the South Carolina ORS filed a petition with the Public Service Commission to revoke the above captioned Certificate and the corresponding Class C Taxi Permit #8570 of petitioner for failure to maintain evidence of insurance (Docket No. 2015-303-T) and failure to pay decal fees (Docket No. 2015-306-T).
- 3. Petitioner requests that the Commission extend the setting of the hearings in both Docket matters so that petitioner shall have time to comply with the conditions necessary to maintain his Certificate.
- 4. For cause Petitioner states the following: On or about Friday, June 5, 2015 Petitioner was notified without prior indication that his insurance policy would not be renewed as of Monday, June 8, 2015 at midnight. Said cancellations for "no stated reason" have been common in the State since the advent of Uber.
- 5. Petitioner tried to no avail to find replacement insurance by June 9. Since June 9 the petitioner's cabs have been out of service.

PSC SC MAIL EMS 6. Petitioner has been attempting to find insurance all summer. A few weeks ago petitioner found a Charleston insurance agent who is willing to underwrite petitioner's insurance. As a condition precedent the insurance agent stated that all

the cabs must be titled in the name of a South Carolina corporation or limited liability

company.

7. Petitioner-formed Charleston Cab Company, LLG, a South Carolina limited liability -

company, on August 10, 2015 (copy of certified Articles of Organization attached as

Exhibit A and incorporated by reference herein).

8. Petitioner is in the process of transferring his cab vehicle titles into his LLC. Some of

the vehicles had minor loan amounts to pay off, which petitioner has done and is

awaiting the actual titles.

9. Simultaneously with this request, Petitioner has filed a Class C Amendment Form

with the Commission and the ORS to change the name of petitioner's company from

James Jones dba Charleston Cab Company to Charleston Cab Company, LLC dba

Charleston Cab Company (copy attached as Exhibit B and incorporated by

reference herein.)

10. Therefore, Petitioner respectfully requests an extension of ninety (90) days before

the Commission sets for hearing the Docket Petitions referenced above.

Respectfully submitted.

AMÉS JONES OWNER

CHABLESTON CAB COMPANY

1233 WATERSTONE LANE

CHARLESTON, SC 29414

(843)8198137

BEFORE

THE PUBLIC SERVICE COMMISSION

OF SOUTH CAROLINA

DOCKET NOS. 2015-303-T & 2015-306-T

IN RE: Petition of the ORS to Revoke Certificate of Public Convenience & Necessity of:

JAMES JONES DBA CHARLESTON CAB COMPANY

CERTIFICATE OF SERVICE

This is to certify that I, James Jones, have this date served one (1) copy of the Petition for Enlargement of Time in the above referenced matter to the following persons: Carole Chauvin, ORS Transportation Department; Attorney C. Lessie Hammonds, ORS Legal Department; Clerk, Public Service Commission; by causing said copy to be deposited in the U.S. Postal Service first class postage prepaid and affixed thereto and addressed as shown below:

Carole Chauvin
Program Specialist
ORS Transportation Department
1401 Main Street, Suite 900
Columbia, SC 29201

C. Lessie Hammonds, Esq. South Carolina ORS
Legal Department
1401 Main Street, Suite 900
Columbia, SC 29201

Public Service Commission of South Carolina Clerk's Office 101 Executive Center Drive, Suite 100 Columbia, SC 29210

August 28, 2015 Charleston, South Carolina JAMES JONES

CERTIFIED TO BE A TRUE AND CORRECT COPY AS TAKEN FROM AND COMPARED WITH THE ORIGINAL ON FILE IN THIS OFFICE

Aug 10 2015

Mack Homman Secretary of State of South Carolina

· 24. . .

150810-0170 Filed: 8/10/2015

CHARLESTON CAB COMPANY LLC

Filing Fee: \$110.00 ORIG

Mark Hammond South Carolina Secretary of State

EXHIBITA-2 pgg

STATE OF SOUTH CAROLINA SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR A ______ LIMITED LIABILITY COMPANY

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the South Carolina Code of Laws, as amended.

The address of the initial designated of	fice of the Limited Liability Company in South Carolina is	
1233 WATERSTONE LN		
Street Address		
CHARLESTON SC	294145772	
City	Zip Code	
The initial agent for service of process	of the Limited Liability Company is	
JAMES JONES	Electronically filed on SCBOS Signature not required.	
	Signature not required.	
Name and the street address in South Carolin	Signature not required. Signature as for this initial agent for service of process is	
	Signature	
and the street address in South Carolin 1233 WATERSTONE LN	Signature	
. and the street address in South Carolin 1233 WATERSTONE LN Street Address	Signature na for this initial agent for service of process is	
. and the street address in South Carolin 1233 WATERSTONE LN Street Address CHARLESTON SC	Signature na for this initial agent for service of process is 294145772 Zip Code	
and the street address in South Carolin 1233 WATERSTONE LN Street Address CHARLESTON SC City	Signature na for this initial agent for service of process is 294145772 Zip Code	
and the street address in South Caroling 1233 WATERSTONE LN Street Address CHARLESTON SC City The name and address of each organiz	Signature na for this initial agent for service of process is 294145772 Zip Code	

		CHARLE	STON CAB COMPANY LLC
			Name of Corporation
5.	Check this box if the company is to be a term company.	. If so, p	rovide the term specified:
6.	Check this box only if management of the limited liability managers. If this company is to be managed by managinitial manager:		
·7.	Check this box if one or more of the members of the colobligations under section 33-44-303(c). If one or more members, and for which debts, obligations or liabilities a members.	member such me	s are so liable, specify which
8.	Unless a delayed effective date is specified, these articles will Secretary of State. Specify any delayed effective date and tire		ctive when endorsed for filing by the
9.	Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.		
10.	Signature of each organizer		
	Electronically filed on SCBOS. Refer to attached signature page.	Date	2015-08-10

CLASS C AMENDMENT FORM

Mail or Fax a copy of this form to:	Need Assistance with completing the Form?				
Public Service Commission of South Carolina Clerk's Office 101 Executive Center Dr., Ste 100 Columbia, S.C. 29210	SC Office of Regulatory Staff Transportation Department				
PHONE (803) 896-5100 FAX (803) 896-5199	PHONE: (803) 737-0800				
DATE: 08/27/2015					
I have the following Certificate:					
Class C Taxi # 8570 Class C Charter	# Class C Charter Bus #				
Class C Non-Emergency # Class C Stretcher Van#					
Please consider this as my request for the following amendment(s) to my Certificate:					
Name Change					
From: James Jones	OBA: Charleston Cab Company				
(Current Name)	(Current DBA if applicable)				
TO: Charleston Cab Company, LLC (New Name)	OBA: Charleston Cab Company (New DBA if applicable)				
Scope of Authority					
From:(Current Scope)	To: (New Scope)				
Passenger Limit					
	То:				
(Current Limit Number)	(New Limit Number)				
(Name & DBA if DBA is applicable)	(233 Waterstowclare Therton Sc29414) (Street and/or Mailing Address)				
(Name & DBA if DBA is applicable)	(Street and/or Mailing Address)				
Charleston, SC 29414	AKA				
(City, State, Zip Code)	(Signature)				
8438198137	Owner/President				
(Telephone Number)	(Title) Owner, President, etc.				